

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X		:	
QUANDELL HICKMAN,		:	
	Plaintiff,	:	24-CV-01754 (JAV)
		:	
-v-		:	<u>ORDER</u>
		:	
THE CITY OF NEW YORK, ET AL.,		:	
	Defendants.	:	
-----X		:	
JEANNETTE A. VARGAS, United States District Judge:			

On December 6, 2024, Plaintiff submitted a letter requesting an extension of time to file a second amended complaint (ECF No. 29). In the memo endorsement dated December 10, 2024 (ECF No. 30), Defendants were directed to respond to Plaintiff's request by December 12, 2024, and instructed that Plaintiff's request would be considered unopposed if no response was received by that date.

Having not heard any opposition from the Defendants, the Court grants Plaintiff's request to file a second amended complaint for the purpose of naming the officers previously identified by physical description. Plaintiff is reminded that, because the second amended complaint will completely replace, not supplement, the original complaint, any facts or claims that Plaintiff wants to include from his first amended complaint must be repeated in the second amended complaint. A copy of the first amended complaint, as well as an Amended Civil Rights Complaint form, is attached to this order.

Plaintiff must submit his second amended complaint to the Pro Se Intake Unit by January 31, 2025. Plaintiff should caption the document as “Second Amended Complaint” and label the document with the docket number 24-CV-01754.

SO ORDERED.

Dated: December 17, 2024
New York, New York

A handwritten signature in blue ink that reads "Jeannette Vargas". The signature is written in a cursive style with a horizontal line underneath it.

JEANNETTE A. VARGAS
United States District Judge

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Quandell Hickman

Write the full name of each plaintiff.

24 cv 1754 (LTS)

(Include case number if one has been assigned)

-against-

AMENDED
COMPLAINT
(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

The City of New York
Captain Wellz #1478, CO. Seargent
CO Hagigal, CO Charles #20106
CO Munyln #12011 ESU Casello #6620

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

RECEIVED
CLERK OF COURT
2024 JUN 17 AM 9:24

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Quandell

First Name

Middle Initial

Hickman

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

361 24 00009

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

OBCC

Current Place of Detention

1600 Hazen Street

Institutional Address

East Elmhurst

County, City

N.Y.

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☒ Other:

Illegally Detained

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	Cpt	Wells	1478
	First Name	Last Name	Shield #
	Captain For intake		
	Current Job Title (or other identifying information)		
	EmTC		
	Current Work Address		
	East Elmhurst	N.Y.	11370
	County, City	State	Zip Code
Defendant 2:	C.O	Hagigal	
	First Name	Last Name	Shield #
	Correctional Officer		
	Current Job Title (or other identifying information)		
	EMTC		
	Current Work Address		
	East Elmhurst	N.Y.	11370
	County, City	State	Zip Code
Defendant 3:	C.O	Seargent	
	First Name	Last Name	Shield #
	Correctional Officer		
	Current Job Title (or other identifying information)		
	EMTC		
	Current Work Address		
	East Elmhurst	N.Y.	11370
	County, City	State	Zip Code
Defendant 4:	C.O	Charles	20106
	First Name	Last Name	Shield #
	Correctional Officer		
	Current Job Title (or other identifying information)		
	EmTC		
	Current Work Address		
	East Elmhurst	N.Y.	11370
	County, City	State	Zip Code

① Unknown ESU officer Spanish with Beard

C.O munyin 12011 / C.O Beormodax /

C.O Studwood 18817 / ESU castello # 6620

V. STATEMENT OF CLAIM

Place(s) of occurrence: EmtC intakeDate(s) of occurrence: 02/02/24

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Captain Wells #1478 and her intake staff attacked me wrestled me to the ground C.O Hagigal, C.O Beermody, C.O Charles Zobb and C.O Seargent. During that time I recieved multiple Blows to the body. During this Attack while I'm still cuffed C.O Seargent began to Fondle me and touch my Privates cpt Wells #1478 Asked him what is he Doing and told him to stop she stated we Not Doing all that we Just trying to make sure he Doesn't have Any more Devices. They Searched me stole I phones Mac Book Pro (touchscreen) Sim cards Gucci Book Bag, Gucci Loafers Plus simcards and go Pro charging Stand. All this because I kept requesting medical attention Before Anything. C.O Hagigal purposely Broke cuff keys in cuffs because cuffs locked and I couldn't get searched They put me in cell 5 For holding I looked up camera light was OFF indicating it was not on 2 ESU OFFICERS came in one Castello #6620 The other his Partner a short stocky Spanish Guy with a Beard They Both were Very aggressive and threatening me because I was scared because They wanted to Saw cuffs off in ~~the~~ the cell

with no medical staff and NO cameras on in cell. NO Body was wearing Body cameras This Entire time. I had a panic attack/seizure in intake and they left me on Floor to Die even turning around EMS I was told. They tried to say I was on Drugs Doctor came checked me in cell told them I wasnt they was mocking him and mimicking him in humor Even tried to sedate me to saw off cuff ESU sawed off cuffs Burning my skin Leaving Scars and my Blood INJURIES: Pressure was Extremely high After Seizure

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

High Blood pressure, monitored pressure, molested Fondled, cuts on wrist and Burns, Back Pain mental emotional Stress and anguish and medical Neglect.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

One Billion Dollars in U.S. Currency For compensation. (\$1,000,000,000.00) All Parties arrested, fired and or Demoted Im Currently Illegally Detained the court made Errors.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

6/3/24
 Dated
 Plaintiff's Signature
 Quandel
 Hickman
 First Name Middle Initial Last Name
 Prison Address
 OBCC 1600 Hazen St
 East Elmhurst N.Y. 11370
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____

Defendant No. 2 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Who did
what?

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?

D. Facts: _____

What
happened
to you?

Was
anyone
else
involved?

Who else
saw what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ____ No ____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve?

2. What was the result, if any?

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). _____

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No ____

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

____ 3. Docket or Index number _____

____ 4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No ____

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

____ 3. Docket or Index number _____

____ 4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ____ day of _____, 20__.

Signature of Plaintiff _____
Inmate Number _____
Institution Address _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this ____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____